

1053

196

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*.....

Place of Birth Mesa, Ariz. County Pima No. St.SEX OF CHILD Male Twin W Triplet or other? W and { Number in order of birthDATE OF BIRTH* Oct. 31 1923
(Month) (Day) (Year)FULL* NAME Senobio Roman FATHERFULL* MAIDEN NAME Josafa Gutierrez MOTHER

I HEREBY CERTIFY that the child described herein has been named

Gilberto Roman
(Give name in full) (Surname)Josefa Roman
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

© 10M 1-45

795-1031-179